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«n	1000			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY	1			1" 1	۲ .	BETWEENO	MATE INTERVAL ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALTIMORE, MARYLAND 21201	~	0.10		PART 2 OTHER SIGNIFICANT	CONDITIONS CON			NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART 1(a	
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OZ	5.1	1117	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.		19	00.1001		ľ		
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	(VR A 15	(4))	Th	omas Funeral	l Home 7	ADDRESS Car	mbri	dge MAR	17 1 1200 T	SACT ADMINITION	4	7
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR (TYPE OR PRINT Bramble 3 SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Donchester 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY ishops ear At Home ISUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 18d INSIDE CITY LIMITS? OPYG L 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIODLE MIDDLE POTOS Myrtle 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) -18 2 Peter B. Bradford Item # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per light PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IC DUE TO, OR ASTA CONSEQUENCE OF oromit. Canditions, if any, which gave rise to immediate cause ial, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost JTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT **DINDITIONS** DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION-FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES T 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A,M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 10 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 22a. I certify that (1) (this hospital) attended the deceased from in (my) (our) apinion death occurred an the date and hour and from the courses stated (IV) we fiding did not view the body after death. 22h, SIG-MATHERE DEGREE 22c. DATE SIGNED ATTENDING hould be deto PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE CITY OR TOWN COUNTY STATE (SPECIFY) Burial 3/23/86 Thomas Church Bishops Head 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS Cambridge, DHMH - 16 60M 1/75 (VRA 15 (4)) Thomas Funeral Home 700 Locust St

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	6	NY, PLEA	3. SE		ite	5. DATE OF BIRTH MONTH DAY Feb 1	YEAR L	GE (IN YEARS IF I AST BIRTHDAY) MO 83 YRS		F UNDER 24 HR HOURS MIN.	S. 2c. DATE PRONOUNCE DEAD	D A/1	H DAY Y	EAR 2d. HOUR
0		MECESSARY, PLEASE HUNERAL DIRECTOR. 5 FOR YOUR FILES. VITHIN 72 HOURS M. PRESTON STREET,	FO	RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WE		2 8		ER MARRIED DIVORCED		cheste:	INTY OF DEATH	
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	DIVISION OF VITAL RECORDS,	ATE SHOULD BE EXECTED.  E. WORD "PENDING".  THE CHIEF MEDICAL.  ID BE USED AS A BUIL  RENT OF HEALTH AND  BURNAL, CREMATION.	CERTIFICATION	190. DATE OF OPER.		19b. CONDIT	ION FOR WHIC	CH OPERATION	WAS PERFORM	ED?	ase		20. AUTOI	· ·
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		Bb	E	PECIFY) UTIAL UNERAL DIRECTOR		4/4/86	Dorc	of CEMETERY		CI	LOCATION TY OR TOWN Cambri BY REGISTRAR	C	OUNTY	STATE
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'IMORE,	Pages /	160 V	VAS DECEASED EVER LES NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES)		SECURITY NO. 4-7749	Edna Mac	e Frale	ADBRES Y Ca	3 She	ge Md	Ave.
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	OR AT OR AT DIREC Oched F Dept. of Item		226. SIGNATURE	dia (dia no	Off) view the boo	y after death.	31.53	DEGREE				22c. DATE S	IGNED
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ND 212	1 11 14	JSU/ Ja S	AL RESIDENCE (IF NURSING HOME CONTATE 136 COU	or other institution JNTY  chester	13c CITY OR T	efore admission) OWN ridge	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 520 Gle	nburn Ave	. 21613
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	DIRE he heche Dep		27.b. SIGNATURE	1/100	alu	i m		MEDICAL STA	FF	ATE SIGNED
	TO HOSPITAL retained by it TO FUNERAL should be den with the State		MICHAEL	FAC	den	MD			rlock one	1 21643
	BP	23a. E	BURIAL, CREMATION, REMOVA SPECIES  BURIAL	3/19/			emetery or crematory emorial Pk.			
	DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR L'HOMAS FUNER	AL HOME	CAMI	BRIDGE	MD. MAR	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE TO THE TOTAL
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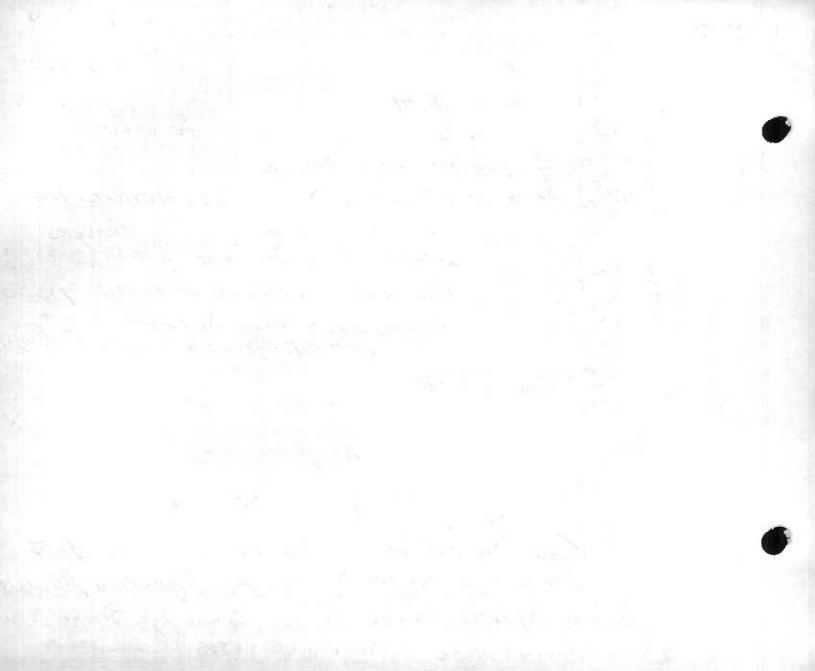
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 00 - 02076DECEASED MAME 20 DATE KNOWN NO MONTH Charles Edward Christopher March11.8 DEATH MATED 4 RACE DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. JE LINDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCE 23 1086 White 15 62 YRS DEAD PR. BIRTHPLACE LITATE OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORUGIN COUNTRY) USA Dorchester County Maryland WIDOWED DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Foreman/State Highway Admir ast New Market Residence YES NO NO List City OR TOWN

EastNewMarket yes Rural-MD Route 16/21631 Dorchester IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Christopher, \$r. Martha Harvey 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 218-16-7280 Miriam W. Christopher, E. NewMarket 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY WEARETTON IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20 AUTOPSY? YES 🗍 NOX 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion death resulted fram: Notural causes Accident Suicide L Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) ACTUAL 3-11-86 SIGNATURE EXAMINER'S NAME Donald R. McWilliams, M.D ADDRESS 308 Gay Street, Cambridge, MD APTER HALT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial 3-14-86 EastNewWarketCem. EastNewMarket, Dorch., MD DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Zeller Funeral Home, East New Market (VR A15 ME (51) True Davidon Mandalle

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PLEAS! ECTOR FILES TREET	3 SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST B	IN YEARS IF UN	DER 1 YR. IF UNDER 24 H		MONTH	DAY YEAR	Zd. HOUR
~~~~	F	$\mathcal{B}$	2-1	- 97 89	YRS.	S DAYS HOURS MIN	PRONOUNCED DEAD	03	09 1986	2228
FCESSARY INFRAL DIF FOR YOU WITHIN 72	Po. BIRTHPL	ACE ISTATE OR	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIE	ED NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
		res	6	1.5.	WIDOW			ners	rec	MD.
70編纂3	Col	MASHINGE		SPITAL, NURSING H ACILITY, GIVE STREET ADDR			USUAL OCCUPATION FOR MOST OF WORKING L		OR INDUS	USINESS TRY
MAN DELAN SELECTION OF SELECTIO	USUAL RES 13a. STATE	IDENCE (IF IN HURSING HOME		13c. GOY OR TOY	MISSION)	13d. INSIDE HTY LIMITS? 13e.	STREET ADDRESS	Energy.	000 A	1=
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# \$15 8 E 5 /	N	STATAN	WIDDLE	CORN	154	EUWOR	MIDDLE	778	NER	9
RES AFTER DE S GIVE PAGE WITH FORM PAGES 1 A DIVISION OF	Ida. WAS D (YES, NO.	CE ASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SEC	-	17. INFORMANT AORO	CHART /		Couls	PLDGE
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TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	ACTU SIGN	JAL MATURE	ge of the remains de ural coused	Accident .	Suicide .		Inquiry Indetermined monner	and in my o	21 m	186
TO ME	(TYPE	OR PRINT)	ALD K. I.	Mewilin	CEMETERY OR	ODRESS 308 G	LOCATION	MARIO	42/10	21613
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DHMH - 17 (VR A15 ME (5)) 15M 2/80	NAME	wa-TFans	ADDRESS	me Sa	clisbu-	AAT HAD A		lie Davidson	Pande	



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90 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? 200 IF YES, WERE FINDINGS USES OF DEATH YES NO YES	that the a d by the a di, cental or other tro		cause (a), stating the underlying cause last.	(-)		Emplyse	ena.		
OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED 21d IN	The party	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTIN	NG TO DEATH BU	NOT RELATED TO THE TER	minal disease or condi	ION GIVEN IN PART	T 11a
OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED 21d IN	bot be	TIFICAT			WHICH OPERATION		YES NO	YES	ISES OF DEATH
270.1 certify that (I) (this hospital) attended the deceased from 19 80, and that in (my) (pur) apinion death occurred an the date and hour and from the causes store above, (I) (we) (did) (did not) view the body after death.  DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	34 55 19	100	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON		21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART	2)
220.1 certify that (I) (this hospital) attended the deceased from 19 86, and that in (my) (pur) apinion death occurred an the date and hour and from the causes stated above. (I) (we) (did) (did pot) view the body after death.  DEGREE ATTENDING PHYSICIAN STAFF PHYSICIAN DIRECTOR	G Perch of and	MEDIK				211 LOCATION STREET	CITY OR TOWN	COUNTY	STAT
PP PHYSICIAN S NAME (TYPE OR PRINT)  2726. SIGNATURE  PHYSICIAN S NAME (TYPE OR PRINT)  2726. ADDRESS  Waldorf, MD  2736. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  2726. ADDRESS  Waldorf, MD  2736. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  2726. ADDRESS  Waldorf, MD  2736. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  2726. ADDRESS  Waldorf, MD  2736. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  2726. ADDRESS  Waldorf, MD  2736. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  2726. ADDRESS  Waldorf, MD  2736. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  2736. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  2736. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  2737. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial	TENDER AT TOR AT TO Health	-	22a. I certify that (I) (this ho saw the deceased alive	on 3-31~	19 86 ,0	. 17	to	and hour and from	the causes state
22d. PHYSICIAN'S NAME (TYPE OR PRINT)  C. S. Rath  23d. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  23d. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  23d. DATE Woodlawn Cemetery Rail Rail Rail Rail Rail Rail Rail Rail	AL DIRECTOR OF ALL DIRECTOR OF			Oroll	ELHLAND	A ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA		ATE SIGNED
BP Burial 4/2/86 Woodlawn Cemetery Baltimore, MD	HOSPIT ouned by Ould be the Sign PORTAIN			PE OR PRINT)		22e ADDRESS			
		230.	BURIAL, CREMATION, REMOV				Baltimore	, Baltimo	ore, MD'
DHMH: 16 60M 7/84 HUNTT FUNERAL HOME, INC., WALDORF, MD APR 02 1086 Julia Davidson-Random						25a. DA	TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGI	NATURE

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BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

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	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & C	8 4 4 0
	1. DECEASED NAME FIRST (TYPE OR PRINT)	ry Esther	Dean		16 86 10 PM
	female	white	Aug 15,1894		IF UNDER 1 YEAR IF UNDER 24 HRS
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
1	10 CITY OR TOWN OF PEATH	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)  GE House	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  METCHANT	126 KIND OF BUSINESS OR
1	USUAL RESIDENCE (IF NVRSING HOME O 130 STATE 136 COU	NTY 13c. CITY OR	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS?  Crsvill@es \( \text{NOK} \)	13e STREET ADDRESS / ZIP CODE Esther Dean Re	d. 21642
1	FATHER'S NAME FIRST Wrightson	Bradley T	yler Käther		Hooper
I	16a WAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES	security no. 17 informant 12-7478 Edward De	26 Robins Southampt	Lane on NY 11968
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	-Terroscieron		Jyrs NIN PART 11d
	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this hosp sow the deceosed alive or above, (1) (we) (did) (did not 27b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPER  23d. PHYSICIAN'S NAME (TYPER  23d. PHYSICIAN'S NAME (TYPER)	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF  10101) ottended the deceosed of 11 view the body offer death.  OR PRINT)  (3 Many)	FRICE FARM ETC 1 211 LOCATION STREET	CITY OR TOWN  CITY OR TOWN  CONTROL OF T	COUNTY STATE
	burial	3/29/86	Tyler Family Cen	4.50.00	
	24 FUNERAL DIRECTOR TOWNS T	Every Home ADDA			Kundson-Rondolle



	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 8 4 4 9
(2)	- STATE REGISTRAR  CERTIFICATE OF DEATH REG. NO.
072120	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR TYPE OR PRINT! QUENCE ROSS DIVEN 3 986 828 PM
oge 4 mo	SEX  I. RACE  S. DATE OF BIRTH  MONTH  DAY  Apr. 19 1914  Apr. 19 1914  TEMPER 14 UNDER 24 HRS  MONTHS  DAY  MONTHS  DAY  MONTHS  DAY  MONTHS  DAY  MONTHS  DAY  MONTHS  DAY  MONTHS  MIN.
deoth. P	BRITHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   18 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED   MD.
a PH33	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (IT YES OF WORK FOR MOST OF WORKING LIFE) (IT YES OF WORK FOR MOST OF WORKING LIFE) (IT YES OF WORK FOR MOST OF WORKING LIFE) (IT YES OF WORK FOR MOST OF WORKING LIFE) (IT YES OF WORK FOR MOST OF WORKING LIFE) (IT YES OF WORK FOR MOST OF WORKING LIFE) (IT YES OF WORK FOR MOST OF WORKING LIFE) (IT YES OF WORK FOR MOST OF WORKING LIFE) (IT YES OF WORK FOR MOST OF WORK IN THE WORK IN THE WORK FOR MOST OF WORK FOR MOST OF WORK IN THE WORK FOR MOST OF WORK FOR
in 2120)	SUAL RESIDENCE HE YURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)  10. STATE  130. STREET ADDRESS
makyla mplerely ond 2 sh	FATHER'S NAME FIRST FIRST FIRST FIRST MIDDLE ROSS FILMATE S'IACUM  S'IACUM
EALTIMORE, MARYLAND cote be executed within 24 sysicion and completely filler opers. Pages 1 and 2 should wol.  11, the medical examer may	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES NO OR UNKNOWN)   IF YES, GIVE WAR OR DATES)  217-10-8146 Morgan Dilver Clinton St. Canb. Mayor
es that the death certifuled by the otherding phypleose remove carbang pural, cremotion, or remotive, or other traumants ever	18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
TAL RECORDING THE low rection.	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 200, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO 210, ACCIDENT WAS UNDERLYING 2116, TIME OF INJURY  210, ACCIDENT WAS UNDERLYING 2116, TIME OF INJURY
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion. (fer this certificate has been signs the burial-tromsit permit. There th and Mental Hygiene prior to be orked or frem 18 shows any injury	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAK  (I FEITHER NOTIFY MEDICAL EXAMINER)  714 NULLRY OCCURRED  714 PLACE OF INTURY  714 LOCATION
DIVISION DING PH or other thise os the tool of the ond a	AT WORK
ATTEN ospitol ECTOR: d for us d for us m 21 is	22e 1 certify that (1) (this hospital) attended the deceased from 19 , 19 , to 19 , that (1) (we) lost sow the deceased plive on above (1) we (did) (did not) view the body after death.  27b. SIGNATURE  DEGREE  22c. DATE SIGNED
F 0 0 0 0	ATTENDING MEDICAL STAFF PHYSICIAN & NAME (TIPE OF PRINT)  120 ADDRESS
TO HOSPITAL etoined by the TO FUNERAL should be det with the State MMPORTANT.	Edmund J. MacLanghlin 10 Aurora St. Cambridge, Md 21613
ВР	BURIAL CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE DESCRIPTION OF THE CAMP CAMP DESCRIPTION OF THE COUNTY STATE OF THE CAMP CAMP DESCRIPTION OF THE COUNTY STATE OF THE CAMP CAMP CAMP DESCRIPTION OF THE COUNTY STATE OF THE CAMP CAMP CAMP CAMP CAMP CAMP CAMP CAMP
DHMH - 16 50M 4/B2 (VRA 15, 4)	Stewart Furral Hone Camb. Md. WAR 11 1 1986 Sulia Minden Ronder

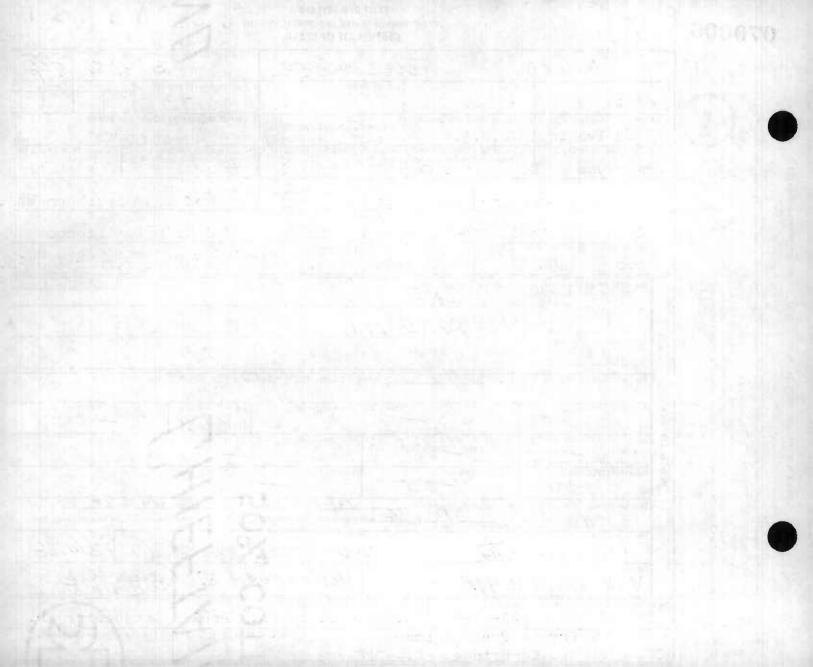
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THOMAS FUNERAL HOME

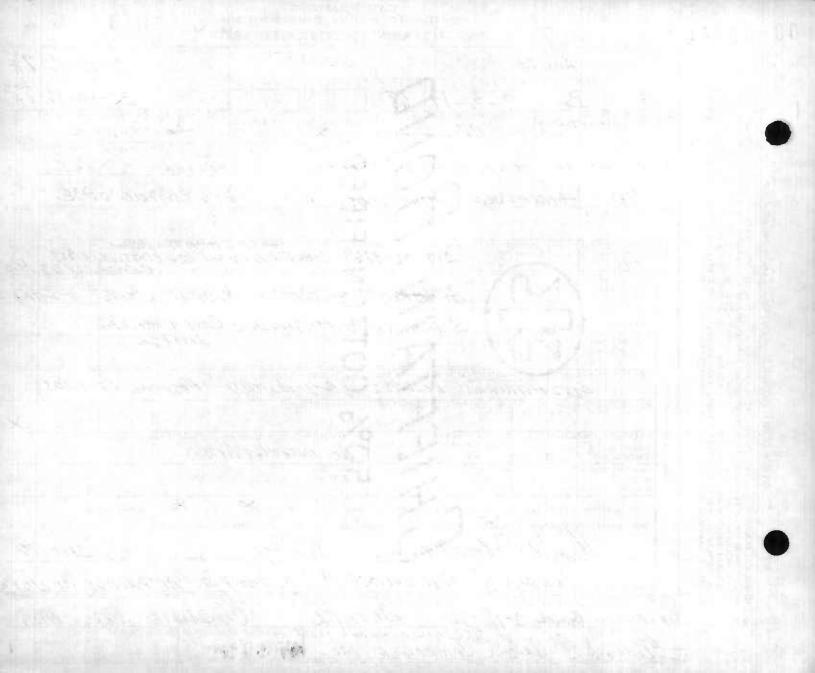
(VRA 15, 4)

308 High St., Cambridge, MD., 21613

(VRA 15, 4)



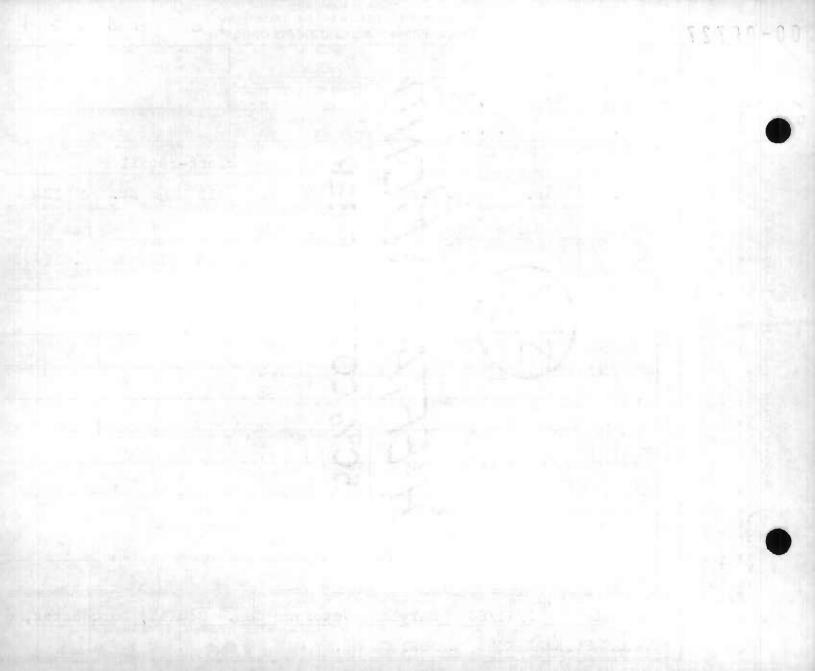
			FOR			DEPART			ARYLAND	AL HYGIEN	VE.		0	, da	. 0
00-	00840		STATE REGISTRAR			MEDICAL					0	REG. NO.	0	***	6500
		1. DE	CEASED NAME PE OR PRINT)	LAUS	2.4	MIDDLE		Gi	न तरहरी	7	20 DATE K OF DEATH	NOWN []	MONTH 3-	10 19 8	2 72
,	SARY, PLEASE AL DIRECTOR. YOUR FILES. IN 72 HOURS STON STREET,	3. SE)	F	A RACE	5 DATE OF	BIRTH YEAR - 3 - 17	6. AGE (IN YEA LAST BIELD DA	ZHTHOM (Y	DAYS HOL		20. DATE PRONOUNG DEAD	CED	MONTH 3	DAY YE.	
•	SASSES A	7a B	IRTHPLACE (ST DREIGN COUNTRY)	SOUTHOUN U.S.	76 CITIZEN	U.S.	TRY?	* MARRIED WIDOWEI	NEVER /	MARRIED	9 BALTIMO	PORECITY OF	COUNTY EST	Y OF DEATH	MD
	S SPIRE	10 C	COMBI	SUDGE-	II NAME CO	SUCH FACILITY, GIVE	IRSING HOME	OR OTHER	RINSTITUTION	FOR	MAL OCCUP	ING LIFE)	OF WORK	126 KIND OF OR INDU	BUSINESS
21201	ANY DANY D		TATE MD	13b. COUNT	ROTHER INSTITUTY		OR TOWN		3d. INSIDE CITY LIN	MITS? 13e STI			coos	DIE	5/3
RE, MD.	1666	14. F)	ATHER'S NAME FIRST	?	WIDDLE		LAST	1	5 MOTHER'S A	MAIDEN NAM	E > MIC	DOLE		LAST	
ALTIMO	A PARTY OF THE PAR	16a \	WAS DECEASED	EVER IN U.S. ARA	NED FORCES VAR OR DATES)	? 166 SO 217	- 76-3	869		TILGOTH		120 CIDA	FELIS	COS AV	E HA
W. PRESTON ST	WITHIN 24 H3GE ENCIL IN ITEM 18 MINER ALCONG W TRANSIT PERMIT NITAL HYGIENE OR REMOVAL.		Candition gave ris cause (a)	is, if any, which e to immediate stating the under-	BY: E CAUSE (a) DUE 1	TO, OR AS A COL	PAREN NSEQUENCE C PARIZEL	ART.	YOCHP EXIOS VI	RAPARE	Wifare, Crep Jus	MON, I NOVARE	KUTE		AATE INTERVAL NSET AND DEATH
RECORDS, 201	ULD BE EXECUTE: F. MEDICAL EXA ED AS A BUBIAL HEALTH AND ME IL, CREMATION	ATION	PART 2 OTHER SIG	ENIFICANT CONDITIONS CO	EIME		es EAST	-/	34 4	KSTORY	1-H	ZMA	c R	EARL 20 AUTOP	
DIVISION OF VITAL RECO	THE CHIEF SHOUTHER CHIEF	CERTIFICATION	210. EXTERNA	I CAUSE WAS		IME OF INJURY JR A.M. MONTH	DAY YEAR		/	CURRED LENTER	44	RY IN ITEM 18 PA	ART I OR PAS	YES [	
DIVISION	THIS CERTIFICATE SHOULD , WRITING THE WORD."PER WARDED TO THE CHIEF M PAGE 3 SHOULD BE USED A 17ATE DEPARTMENT OF HEA 21201 PRIOR TO BURNAL, C	MEDICAL	CONTRIBUTION 21d. INJURY O WHILE AT WORK	CCURRED	21e P	P.M. LACE OF INJURY EET, FACTORY, FARM, I	19 (AT HOME.	211. LOCA STRI	ATION	48168 /	CITY OR TOW	N	COU	YTML	STATE
•	EDICAL EXAMINER: 17 TIE THE CERTIFICATE, A SHOULD BE FORW NERAL DIRECTOR: PA DEATH, WITH THE SIT, AORE, MARYLAND, 2			y that I taak charge	a of the remo	Acedent		Autapsy	Hamicide Tille (SPECI		Inquiry d	nner .	DATE SIGNE	1/10 D_3/10	0/86
	TO MEDIC EXECUTE PAGE 4 S TO FUNE BAITMON	23a.B	EXAMINER'S I	NAME VIETON, REMOVAL 23	ALD D	P. Mel	DICH I		M. D. 3	18 609	VST-C	AMB	LED	be Ry	2/6/3
07/84 25M	BP	CR	EINATIOL UNERAL DIREC	1/BURIAL	3-18	8-86 ST.CLA	R FUN	THE	-2	C	OR TOWN  MBLI  Y REGISTRAR	SEE 250 REGIS	TRAR'S SI	R. 1	175.
	DHMH - 17 (VR A15 ME (5))	-	Teder	che Cil	Min	CAME	RIBER	Me	. 644	R4:91	386 4	formilien	Particle.	773022	1



00-	-011	24	1.	FOR STATE REGISTRAR		DEPARTM	CERTIFICATE OF D		NE 🖔 🔾 REG. NO.	0	8 4,	5
	of the party of th	10		EASED NAME FI	Phyllis hyllis	MIDDLE Pearl	Harm	ion	c	3 C	186	215
	ge 4 mo wchor, po		3. SEX	F		C4892	S. DATE OF BIRTH MONTH DAY MARCH 26	, 1934	AGE (IN YEARS LAST BIRTH	YRS.	NTHS DAYS 1	HOURS MUL
	# 15 E	*		THPLACE (STATE OR FORE)		WHAT COUNTRY?	8. MARRIED   NEVER M	ARRIED -	BALTIMORE CITY OR		F DEATH	
	three	(A)	10 CF	Maryland	U.S.A		WIDOWED DIV G HOME OR OTHER INSTI		Dorches 20 USUAL OCCUPATIO	N	126. KIND OF 1	BUSINESS OR
6	1	43	Ca	mbridge	Dorche	ster Ge	neral Hosp		type of work for most of tassembler	WORKING LIFE)	Instri	irpax iments
ND 212	TA No.	15		L RESIDENCE (IF NURSING) LATE 136  aryland De					s. STREET ADDRESS t. 2, Box	337	216	/3
RYL/	1	X GA		HER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S	MAIDEN NAME	MIDDLE		LAST	4
E, MA	comp 1 am	010	160 W	Isaac AS DECEASED EVER IN E	L.	Nichol:		ia		stbro		d.21613
MORI	a end	1/			YES, GIVE WAR OR DATES)		-9838Aaron					3.21613
T., BALT	physical physica nametra	moval.		PART I DEATH WAS	nter only one couse per CAUSED BY: MEDIATE CAUSE (o)	r line for (a), (b), and		of Pa	LEVRAS			SET AND DEATH
N N	th cer	and the season of				OR AS A CONSEQUE		· aDiz	ed care	-1 - 0		SHE TO
W. PREST	of the dea	the trau		Conditions, if any, will gove rise to immedi cause to stating underlying cause it	ofe ( ib)_	OR AS A CONSEQUE	4		atacis			
, 201	d seed the	by, dr.		PART 2. OTHER SIGNIFE	CANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMIN		ITION GIVEN	EIN PART 310	
ORDS	100	5 g	ATION	NU DO P	En mon	TION FOR WHICH	OPERATION WAS PERFOR	to 1	COMO 100 AUTOPSY?	20h (F.YES. )	WERE FINDING	SUSED
IL REC	4 5 2	9 2 /	TIFIC	- DATE OF SECTION IS		-	4		YES NOO		NG CAUSES O	
OF VITA	ACLAN: T g physics entificate	tem 18 sh	CAL CERT	21s. ACCIDENT WAS UNDERLY ON CONTRIBUTING CACHE LIFETHER, NOTIFY AUDICAL	MOUR A		Y YEAR	UNY OCCURRED	O (ENTER HATURE OF HOURS)	AL TEM TE AND	LI CHAMILEI	
DIVISION OF	other this c	A send M	MEDI	ZIM INJURY OCCURRED	IN PLACE	OF INJURY	MM. ATE ) 211 LOCATIO	r A	City de 10w	N	COUNTY	STATE
	untendor spiral or CTOR, A	of Healt			tvs on the bady	19 10	3 17 1	pur opinian des	oth occurred on the dat	e and hour o	ond from the co	(i) Jee; last uses stated
	AL OR J	ore Depri		27h SIONATURE	sel	e Ol	P	Committee of the Commit	MEDICAL STAFF		3 P	1186
	HOSPII Tained by O PUNES	POETAN		224 PHYSICIAN'S NAME	Fewn	~ke	27e ADBRESS	o Ma	ryland	AUE (	Bonby	de
	BP	1 3	23a B	URIAL CREMATION, REALPECHY) DUT	ial 3/22/	/86	LANGE OF CEMETERY OF C	t New	23d tocation Market E.	N.Mar	cket,D	or.,Md.
	DHMH - 16 50	M 4/82	24. FL		rran Fun				REC'D. BY REGISTRAR 2			
	(VRA 15,	4)		3	08 High	St., Cam	bridge, Md.	MA	R 2 4 1088	Mics	Trenden	Branda ma -

80-01124 CHARLES THE THE STATE OF SHIPE Total Land to the Land Shall

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U U -	00/2/		REGISTRAR		MEI		EXAMINE	R'S C	ERTIFICA	TE OF DE		REG. NO	-			
			CEASED NAME E OR PRINT!	FIRST		MIDDLE			LAST		II OF	KNOWN X	X MONTH	DAY	YEAR	76 HOUR
	OR OR EET,			Edith		Н.			Jackson		DEATH	MATED	3-		86	N
V	RY, PLE DIRECT DUR FI 72 HO DN STR	3. SE)	The state of the s		Mar 5,1	915°	6. AGE (IN YEAR LAST BIRTHDAY 71 YRS			JNDER 24 HRS	PRONOUN DEAD	ICED	момін 3-	9 19	YEAR 86	5:30 a. M
6	NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS	7a. BI	RTHPLACE ISTATE OR REIGN COUNTRY		76. CITIZEN OF WI			MARRI	ED NEVER	MARRIED	-0	ORE CITY O		Y OF DEA		
	NY DELAY IS NECE ND 3 TO THE FUNE FRAIN PAGE 5 FOR WID BETWED, WIN CORDS, 20 W.PR.		TY OR TOWN OF DE	ATH	11. NAME OF HOS	CILITY, GIVE	JRSING HOME,	OR OTH	ER INSTITUTION	N 120. US	SUAL OCCUP R MOST OF WORL Clerk	Cheste	OF WORK	26 KIND	OF BUST	
	DEL SEL		Cambridge	JURSING HOME OF	DOTCHE	STER	General	HOS	spital							
21201	AND SHOULD SHOUL		Md.	DOT		Cam	bridge		13d. INSIDE CITY LII Yes 2 N	MITS?   13e ST	REET ADDRE	High	St.	216	513	
MD.	- NA	14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S		E	IDDLE		LAST		
	PEATH SEST, PANA PANA PANA PANA PANA PANA PANA PAN		Richard			Hayw				lie				ones	5	
LIMO	AND SO THE STATE OF THE STATE O	16s. V (Y	VAS DECEASED EVEL ES. NO. OR UNKNOWN)	R IN U.S. ARM			CIAL SECURITY		17. INFORMAN			ADDRESS				
BALTIMORE,	AND HAND		No				-10-86	83	Armon	d Hay	ward	Wing	gate			675
	SECSW.		18 CAUSE OF DEA PART I DEATH V	TH (Enter only	y one couse per line BY:									BETWEEN	XIMATE IN NONSET A	NTERVAL
NO	<b>延る紙</b> 多	7	290		E CAUSE (a)		noke Inh		lon					-		
PRESTON ST.,	Z 4 5 5 5		Canditions, if	any, which	DUE TO, OK	AS A COI	NSEQUENCE OF	207								
>	EDWARDS	-	gave rise to cause (a) statin	immediate	(b)	AS A CON	NSEQUENCE OF							-		
201 V	A A A A A A A A A A A A A A A A A A A		lying cause last		DOE TO, OR	AS A COI	ASE CADENCE OF									
os,	XECU VG. 1 VAL E VATIO	100	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO OEATH	BIST NOT PEL	ATER TO THE TERMIN	APA APA	OF CONDITION CIVE	EN IN DARY 1 (a)						
O.	D BE EXE ENDING MEDICA AS A BU CREMA!	2				POT WOT REE	ALL TO THE TERMIN	ME GLYENSE	OK CONDITION GIVE	EN IN PART 1 ID.						
DIVISION OF VITAL RECORDS,	글만 으뿌 글 🥒	CERTIFICATION	19a. DATE OF OPER	PATION	196. CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFORMED	)?				20 AUTO	OPSY?	
IA	SEE SPE	E												YES		NOXX
OF V	F T T O W O	CER	21a. EXTERNAL CAL		216. TIME OF		DAY YEAR	21c. HC	W INJURY OC	CURRED (ENTER	NATURE OF INJ	URY IN ITEM 18 P	PART 1 OR PART			10 1411
NO	SARTA STATES		UNDERLYING CONTRIBUTING	CAUSE OF D	EATH 4:06		9 19 86	su	bject r	ecovere	ed from	m hous	e fir	e		
VISI		MEDICAL	21d INJURY OCCUP		21e PLACE C STREET, FACT			21f LOC	CATION		CITY OR TOV		COUN		777	STATE
Ճ	E, WRIT SWARDI PAGE STATE 21201	1	AT WORK AT V	WORK	Но			41	2 High	St., Car					). , M	
	WER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3S THE STATE DE		22a. I certify that	Heak charge	e of the remains dep	cribed gle	ove, held an	Autops	y , Ins	pection XX.	Inquiry	O, on	d in my apri	nian		
	MINING HE FERT		death resulted for	m: Nature	al causes	Acedent	XX Suic	de 🔲	Homicide		termined ma	nner .				
	XHOM X			12	20	8.	The	28	TITLE (SPECI							
	SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW		SIGNATURE	ell	1860 1	ally	1/1.	25m	Assis	stant MEI	DICAL EXAM	INER	SIGNED	3-1	10-8	6
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH BALTIMORE, M		EXAMINER'S NAME (TYPE OR PRINT)	Denni	is F. Smy	th	1.D.		ADDRESS 11	ll Penn	St.,	BAlto	., Md	. 21	1201	
	522568 —	73a. BI	URIAL, CREMATION.		b DATE	23c. I	NAME OF CEME				OCATION		500			
07/84	BP	12	burial		3/11/86	M	arylan	dV	eteran	s Cem	. Be	ulah,	Dor	ches	ste	r, Md
25M	DHMH - 17		JNERAL DIRECTOR		ADDRESS					DATE REC'D. B	Y REGISTRAI		STRAR'S SIG	SNATURE		
	(VR A15 ME (5))		THOMAS F	UNERA	L HOME	CAM	BRIDGE	MD	<ul> <li>MA</li> </ul>	R.171	986	1. Jac	idam-1	Panowi	2	60



-02198		ISTRAR						CATE OF DEATH			<b>6</b> REG. NO.	0	8	4	5 5	
noy be poge 3 rr deoth	1. DECEASE (TYPE OR PRIN		VA		MIDDLE		JAE	kson	2 a.	DATE OF D	EATH MO	3/7	1/86	26.	HOURY	
s after	3. SEX Female			A. RACE Black			March 10, 1910			6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS				TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.		
death. Pag		ACE (STATE OR FORE					MARRIED   NEVER MARRIED   WIDOWED   DIVORCED			9. BALTIMORE CITY OR COUNTY OF DEATH Dorchester County						
on softer d		TOWN OF DEATH	I I											RY		
AND 212 AND 212 Filled in rould be f	USUAL RES 130. STATE Maryl		HOME OR OT COUNTY	Υ	13t. CITY OF	RTOWN	1		F	STREET AD	DRESS Box	283	21	63	3/	
MARYLAND ted within 24 ond 2 should exogener may	14. FATHER	S NAME FIRST	MI	DDLE	Lake	AST		15. MOTHER'S MAIDEN		Banks	MIDDLE	Sla		LAST	r.	
BALTIMORE,		ORUNKNOWN) (1		MAR OR DATES	166. SOCIAI 218-09			Enez S. Gr	ubb,	816 H	ADDRESS Bradle		2161 e, Ca		idge,	
	18 C.	AUSE OF DEATH (E ART I. DEATH WAS IM.		ane cause per BY: CAUSE (a)	line forgial,	(b), and (c	c+.)						BETWE	OXIMATE EN ONSE	T AND DEATH	
so that the centhralise by the atmatical please remove attractions arisely consider treatments on times.	gov	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS PCONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS PCONSEQUENCE OF CONDITIONS ACONSEQUENCE OF CONDITION GIVEN IN PART 1(a).														
	S	ATE OF OPERATION						N WAS PERFORMED		20a AUTOP	SY? 2	Ob. IF YES	, WERE FIN	DINGS	USED	
ON OF VITAL RE HYSICIAN: The lo ding physicion. is certificate has burial-fronsit per Mental Hygiene; ex Hemrit shores	00.00	ACCIDENT WAS UNDERLY		216. TIME O	FINJURY M. MONT	H DAY	YFAR	21c. HOW INJURY OC			1000	YES	S'	N	IO [	
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or attending physicion. After this certificate has been sig e as the burial-transit permit. Then alth and Mental Hygiene prior to b marked or them/18.46% any injun	S (IFE	ITHER NOTIFY MEDICAL ENJURY OCCURRED	EXAMINER)	P.,	м.	1500	19	211. LOCATION STREET			ITY OR TOWN		COUNTY		STATE	
ATTENDI ispital au CTOR: A 3 for use	s	certify that (I) (things the deceased above, (I) we) (did)	alive on		2/0	from		d that in (my) (aur) api	Sta , nian deat	ta h accurred a	3/ on the date	and hour		200		
Che Che Che		HYSICIAN'S NAME	m	ent	a			ATTENDIN PHYSICIA 220. ADDRESS	NG DO	EDICAL IRECTOR	STAFF	N 🗆	3/	7/	86	
TO HOSPITAL retained by the TO FUNERAL I should be detained the State I with the State I IMPORTANT. If									-6							
BP	(SPECIFY	burial		3/11/8	6	Eas	st Ne	METERY OR CREMATO	DRY	East		arke	t, Do	r.	Md.	
DHMH - 16 50M 4/82 (VRA 15, 4)	ramp	tom-Hawki	ns Fu	neral	Home *	216 N Føder	Malsh	in St. 250.	27	C'D. BY REC	ISTRAR 256					

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IN-00-1983 Anes o, wraph, blo tradley ave, Cambridge,

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Last let target, Dor, Me.

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in 24 hours ofter death. P	22 shortd be filed with 272 h
rtificate be executed with	I physician and campletel and 2 semayor. Pages 1 and 2 semayor!  Event, the medical example.
quires that the death ce	signed by the attending hen please remave corbo to burial, cremation, or ri jury, or other traumatic (
PHYSICIAN: The law rec	this certificate has been he burial-transit permit. I and Mental Hygiene prior to do or tem 18 should any in
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be executed by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with p.72 hours after death with the State Dept of Health and Mental Hygene prior to burial, cremation, or remaval.  WINDORTANE: If them 21 is marked an emme shows any injury, or other traumatic event, the medical Evanture notified abonds.

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REGD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR			IEALTH AND MENTAL HY	GIENE & S	<b>U</b>	0 %	. 5 0
I DECEASED NAME FIRST	MIO	DIE	LAST	20. DATE OF DEATH	MONTH DAY	YE AR	2b. HOUR
(TYPE OR PRINT)	nes I	1. mc	Mahon	Marc	4 /	86	125A M
3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS
female	white	∋ J <sup>mont</sup>	ie 26, 1894	91	YRS.	HS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maine	76 CITIZEN OF WE	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY OF Lester	DEATH	MD
10 CITY OR TOWN OF DEATH  Cambridge	11. NAME OF HO	SPITAL, NURSING HOME (		120 USUAL OCCUPATION OF WORK FOR MOST OF MOMENTAL	F WORKING LIFE)	26. KIND C NDUSTRY	OF BUSINESS OR
	NTY 13	E RESIDENCE BEFORE ADMISSION)  C. CITY OR TOWN  Cambridge	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS A	ZIP CODE de L'	eau	21613
William	MIDDIE	loore	15. MOTHER'S MAIDEN N. Franci		F	leff	eren
		SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
(YES NOOR UNKNOWN) (IF YES, GI	VE WAR OR OATES)	214-32-7272	Edna Mae	Fraley Ca	mbrdge	Md.	
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per lin ED BY TE CAUSE (0)	eforiol, (b), and ici.)	Failure			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR A	S A CONSEQUENCE OF		3	DITION GIVEN I	IN PART 10	0
Veck mass  190. Date of operation  210. Accident was underlying	196 CONDITIO	renal 145	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
TIFIC				YES NO V	IN CERTIFYING	G CAUSES ]	NO [
	ATH HOUR A.M.	NJURY MONTH DAY YEAR 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T	OR PART 2)	
OR CONTRIBUTING CAUSE OF DE CIFE EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY . FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
270. I certify that (1) (this hosp sow the deceased alive or above (1) (wes did) (did no	March	1 19 86 0	nd that in my (our) opinion DEGREE ATTENDING	MEDICAL STA	FF _		
22d PHYSICIAN'S NAME (TYPE) Edmand J. M	OR PRINT) achange	in M	22e ADDRESS	St. Cam4,	IAN []	d 2.	1613
230 BURIAL, CREMATION, REMOVAL	3/1/8		CEMETERY OR CREMATORY	23d. LOCATION	SUSS		DEL.

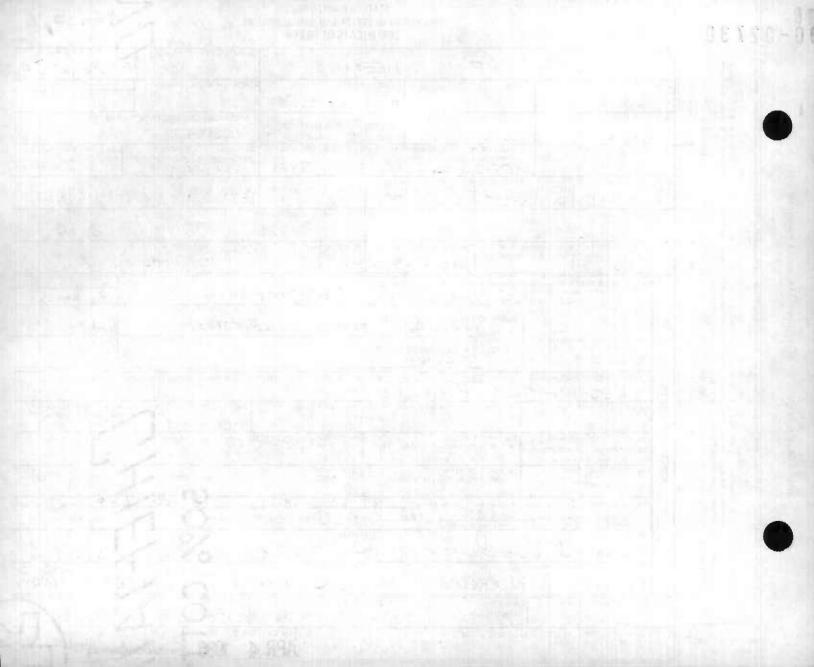
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

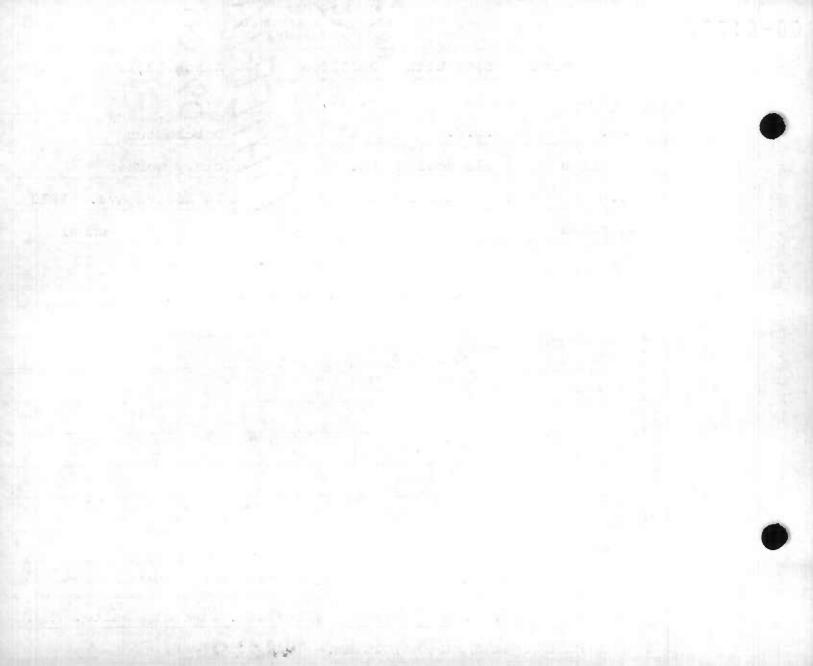
24 FUNERAL DIRECTOR

THOMAS FUNERAL HOME CAMBRIDGE MD.

02720	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE 8 0 0 8 4 5 /
-02730	REGISTRAR CERTIFICATE OF DEATH	REG. NO.
		20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
oy be death	(TYPE OR PRINT) BETTY E MEEKINS	3 - 26, 86 2:45 Am
pod er d		AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
ge 4 ector, urs off	female cau. June 28, 1926	59 YRS. MONTHS DAYS HOURS MIN.
oth. Page	78. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED \( \subseteq \text{NARRIED} \subseteq \text{NEVER MARRIED} \( \subseteq \)	BALTIMORE CITY OR COUNTY OF DEATH
Con the control of th	MARYLAND U.S.A. WIDOWED X DIVORCED	DORCHESTER
The fee	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	20 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WORKER FOOD PACKING
S S S S S S S S S S S S S S S S S S S	CAMBRIDGE DORCHESTER GENERAL HOSPITAL	WORKER FOOD PACKING
No 215	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  131. CITY OR TOWN  132. INSIDE CITY LIMITS?  MARYLAND  DORCHESTER CAMBRIDGE  YES X NO	3. STREET ADDRESS 1631 RACE ST. (zip 21613)
thin thin	14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
mple w make	CLARENCE WHITBY MARGARET	E. LÖNG
RE, secut de co	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT DAUGH	
MORE exect to a second of the	NO 218-20-5057BETTY LOU MI	EEKINS, same as 13e
BALT cate b cate b vol.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys phys phys phys emovo event,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) BACTERIAL SEPTICE	MIA 36 hours
ON S ading corbc or c	DUE TO, OR AS A CONSEQUENCE OF	
death death attend ove co ortion, o oronot	Conditions, if any, which ( b) URWARY TRACT IND	FETTON DAYS.
the the rem	gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF	
thot thot of co	underlying couse lost. (c) STROKE	
S, 20	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDITION GIVEN IN PART 110
ORO requests or to y injury	E RESPIRATORY FAILURE	
low requirements to be en signer to be en prior to be serviced.	RESPIRATORY FAILURE  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY 21c. HOW INJURY OCCURRE	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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> Z & 0 0 £ 8	OR CONTRIBUTION CONTRIBUTION OF THE LEW HOUR A.M. MONTH DAY YEAR	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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DING P or other After tl e os the olth and	WHILE AT WORK AT WORK	
DI ENDIN tal ar of the control of th	220.1 certify that (1) this hospital) attended the deceased from 2 2.3 1926	, to 3 86, 1986, that (1) we) lost
TTE pito	sow the decessed plive on 3 1 35 1986 , and that in (my) (our) opinion de above, (i) (we) (did) (did not) view the body after death.	oth occurred on the date and hour and from the causes stated
OR A DiREC Sched Dept.	22b. SIGNATURE DEGREE	22c. DATE SIGNED
7 + 1 + 1 + 1	Michael a. Moslowica, M. ATTENDING PHYSICIAN (	MEDICAL STAFF PIRECTOR   PHYSICIAN   3   36   86
HOSPITAL ined by 1 FUNERAL old be de h the State	22d. PHYSICIAN'S NAME (TYPE OR PRINT) ADDRESS	216,13
TO HOSPITAL retained by 1 TO FUNERAL should be de with the State MAPORTANT.	MICHAEL A. MOSKEWICZ NO 503 BYR	N ST. CAMBRIGE MV.
of of ships of the	230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY	23d. LOCATION
BP	cremation 3/28/86 SALISBURY CREMATO	RY Salisbury, Wicomico, Md.
	CHOPAN BUNDEDAT HOME	REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/82 (VRA 15, 4)	NAME 308 High St., Cambroidge, Md. 21613	1 1986 Adia Devidson-Randall



00	-01237	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE () REG. NO	084	5 8
	nay be page 3		CEASED NAME FIRST Dorotl		zabeth	Ph	illips		13,1986 YEAR	26. HOUR 0715 M
	ge 4 may ector, pages rs after de	3 SE	female	4 RACE White			DF BIRTH 23, 1910 AR	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEA MONTHS DAYS	
4	neral dire	7a Bi	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRII WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	ster	MD.
10	by the further de	10 C	Cambridge	(IF NOT IN SUC	Roslyn	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TACTORY	ON 126 KIND INDUSTRY	OF BUSINESS OR
AND 212	filled in	_	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE  I30 CITY OR TOW  Cambri	dge			lyn Ave.	21613
MARYL	ompletely of and 2 short	14. F	Clarence	MIDDLE	Heagey		Hazel	WIDOLE	Fenn	êl
IIMORE,	be executed from the state of t	160 \	WAS DECEASED EVER IN U.S. AL YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	166 SOCIAL SECU	RITY NO.	George C.	Phillips	Item #13	DXMATE INTERVAL IN DIMET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires that the death certificate signed by the attending part. Then please remove carbon etta burial, cemation, or referentingivry, or other traumatic ettains	NO	Conditions, if ony, which gave rise to immediate cause to storing the underlying cause lost  PART 2 OTHER SIGNIFICANT	(b)		NCE OF	Scoloscis NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART	1(a)
AL RECOR	he low re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PER			ON WAS PERFORMED	20a AUTOPSY?  YES NO	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES [	OINGS USED ES OF DEATH? NO
OF VIT	PHYSICIAN: The itending physicion re this certificate his the buriol-transit p and Mentol Hygien ced or Item 18 show		210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.	DE INJURY M. MONTH DA M.	YEAR		RED (ENTER NATURE OF INJUR	(Y IN ITEM 18, PART 1 OR PART 2)	
IVISION	0 0 10 10	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
	AL OR ATTENDIN the hospitol or . AL DIRECTOR: Attended for use or the Dept. of Health		220. I certify that (1) (this hasp saw the deceased give a obove (1) we) (find did no 22b. SIGNATURE	~~		86.0	nd that in my (aur) opinion of DEGREE  ATTENDING PHYSICIAN		22c. DAT	that (I) (we) lost he causes stated TE SIGNED
	TO HOSPITAL ( retained by the TO FUNERAL I Should be deto with the State [ IMPORTANT: #		MICHAEL J	FALL	en m	D	302 CO		two lock 1	nD.
	BP		BURIAL, CREMATION, REMOVAL SPECIFY, burial	23b. DATE 3/14			EMETERY OR CREMATORY  ey Valley Co		ium Balto.	
	DHMH - 16 60M 1/75 (VR A 15 (4))		UNERAL DIRECTOR CHOMAS FUNERA	L HOME	CAMBR	IDGE	1010	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	ATURE



072152	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE B	08459
noy be poge 3	T DECEASED NAME FIRST (TYPE OR PRINT) GEOR	98 William	n PhippIN	20. DATE OF DEATH	2 30
ge 4 rrs ofte	3 SEX	4 RACE	S. DATE OF BIRTH  MONTH DAY YEAR  G O S	6. AGE (IN YEARS LAST BIRT	MONTHS DATS HOURS MIN.
deoth. Po	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dor.	MU
by the f	Combridge	ENSTERN Shoke	HOSPILM CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
filled in thould be	USUAL RESIDENCE (IF NURSING HOME) 130. STATE		FIND 13d. INSIDE CITY LIMITS FIND YES NO 1  15. MOTHER'S MAIDEN	school St	H HARRA
completely fille	SHEELER PHI	MIDDLE LA  POI N  ARMED FORCES? 166 SOCIA		M AMIC ADDRE	
be executor on ond correction on ond correction ond correction on ond correction on one of the original origina	(YES, NO OR UNKNOWN)		0-8032T MEDICAL REC	CORDS ENSTER	ShoreHosp: IM Center.
RECORDS 201 W. PRESTON ST.  1. In the death cert os the termore corbon te present the termore corbon to present the termore corbon	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost  PART 2 OTHER SIGNIFICAT  190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	Qualitativa management (m. 1991 m.)	SEQUENCE OF  G TO DEATH BUT NOT RELATED TO THE TO T	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN. The offer this certificate has the burial-transit for the and Mental Hygier orked or hem 18 short	OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAM  216 INJURY OCCURRED  WMILE NOT WHILE	DEATH HOUR A.M. MONT	H DAY YEAR 19 211 LOCATION	YES NO CURRED (ENTER NATURE OF INJUI	
irral OR ATTENDI by the hospital or ERAL DIRECTOR A e detoched for use e detoched for use Store Dept. of Heal	270. I certify that (I) (his his sow the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	that view the body ofter death	DEGREE ATTENDIN PHYSICIA  27e ADDRESS	MEDICAL STAL	ote and hour and from the causes stated  272. DATE SIGNED  FF LAN (2) 2 - 8 6
TO HOSE reformed TO FUN should be with the IMPORTA	23a BURIAL, CREMATION, REMOVE (SPECIFIC)	OR, AL 236 DATE 3/3/86	230 NAME OF CEMETERY OR CREMATO Greenlawn Cem.	23d LOCATION CITY OF TOWN Cambri	-
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR	AL HOME CAÑ	BRIDGE MD.	DATE REC D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

(VRA 15. 4)

STATE OF MARYLAND

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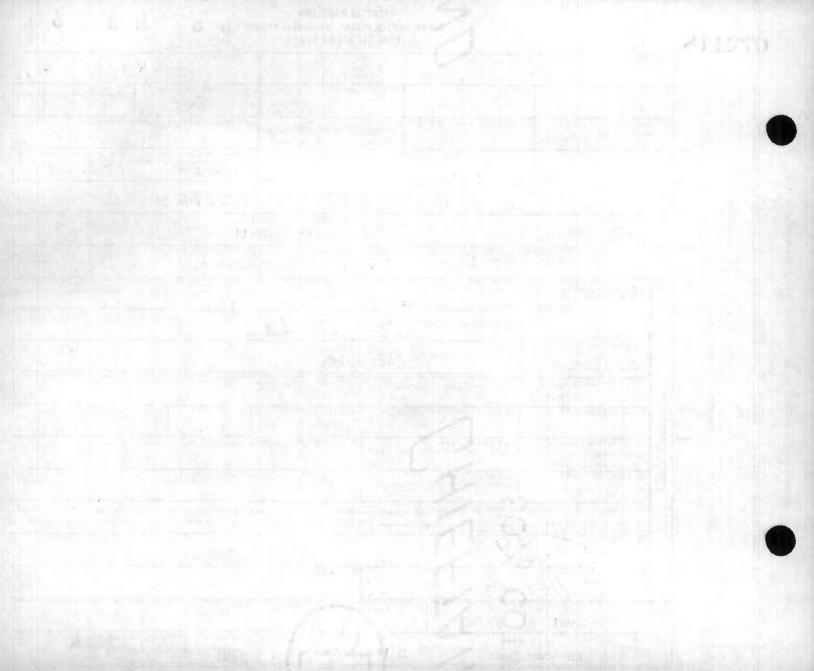
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o to	3. SEX Male	4. RACE White	5. DATE OF MONTH	BIRTH 30 86	6. AGE (IN YEARS LAST BIRT	YRS. DAYS	HOURS MIN.
d within 72 hours	70. BIRTHPLACE (STATEORFO	OVK OSA	UNTRY? 8.  MARRIED  WIDOWED	NEVER MARRIED	9. BALTIMORE CITY O	Dorch est	e/ MD
	Elliptis Is	11. NAME OF HOSPITAL	IVE STREET ADDRESS)	OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF ACCOUNTANT	F WORKING LIFE) INDUSTRY	GOV t
and be	130 STATE  May 14 and	NO HOME OF OTHER INSTITUTION GIVE RESIDE	OR TOWN TI	34. INSIDE CITY LIMITS?	138. STREET ADDRESS P. O. BOX	51 21869	
690	14. FATHER'S NAME FIRST John	H. Quinn	LAST	Margret E.	Hall MIDDLE	LA	37
Pages	160 WAS DECEASED EVER I	THE VEST CONTINUES CONDUSTED   1 2	-01-7504	wife s	ame as #13	SS	
remove carbon popers. F emation, or removal. er traumatic event, the n	PART I. DEATH WA	MMEDIATE CAUSE (a)  DUE TO, OR AS A CO  which (b)	Kezanda Omerovencego Omerovencego	Sent fail	ne	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
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Mental Hygie		AUSE OF DEATH HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	LY IN ITEM 18 PART I OR PART 2)	
orked or	OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC  21d. INJURY OCCURR  WHILE NOT WHI AT WORK NOT WHI	LE CAT HOME, STREET, FACTOR	Y Y, OFFICE, FARM, ETC.)	RII. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
Dept. of Healt If hem 21 is mo	sow the decease	this hospital) attended the decease dialize on d) (did not diese the body after deat	19, and	that in (my) (aur) opinian  GREE  ATTENDING	death accurred on the do	ote and have and from the	
MPORTANT:	226. PHYSICIAN S NA	HERLIHY		PHYSICIAN ( 220 ADDRESS	DIRECTOR PHYSIC		
5 % * * *	23a. BURIAL, CREMATION, F (SPECIFY) Remov		23c. NAME OF CEA	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
50M 4/82 5, 4)	24 FUNERAL DIRECTOR NAME Ar	atomy Board	ADDRESS Balto.		1 1986 Suns	256 REGISTRARS SIGNAL	URE



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4 5 2	1 per	LEASED NAME ORPHHI)	IRST IRST	's	MIDDLE P.		eamy	REG. N	O. MONTH DAY 3 /	YEAR 26 HOUR 5:24
9 4 10	1.5E	Female		4 RACE Wh:	ite	S DATE O		6 AGE IN YEARS LAST BIR	THDAY)  IF UN  MONT  YRS.	NDER I YEAR IF UNDER 2
	7a B1	Maryla		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH
3	and the same	TY OR TOWN OF DE	ATH		HOSPITAL, NURSII HEACILITY GIVE STREET BSTET GET		Hospital	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		26 KIND OF BUSINES NONE
33	(ib)	AL RESIDENCE (IF NUR	I NATOL	or other institution JNTY	GIVE RESIDENCE BEFORE  13c CITY OR TOV  MATION		13d INSIDE CITY LIMITS? YES NO	RFD Parson	ville S	ection/218
MARYLAND 2120  THE CA HOUSE OF THE CASE OF	7	R.	Cor	nelius	Reamy		15 MOTHER'S MAIDEN N	Ruth	Was	1454
WORE TO	16a. V	VAS DECEASED EVER (ES. NO OR UNKNOWN)		RMED FORCES?	16b SOCIAL SECT		17 INFORMANT Eva Reamy -	3004 ADDR		
55, 201 W PRESTON ST.  Items that the death zeriff ingred by the attending p inn please remove carbon or buriel, cremation is rem juty, or other traumatic ave	W	Canditians, if any gave rise to im cause a), stati underlying cause PART 2 OTHER SIG	which mediate ng the last	(b)	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CON		N PART I (a)
No. been been been been been been been bee	CERTIFICATION	190 DATE OF OF RA	TION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH
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PD HOS	23a. E	BURIAL, CREMATION, SPECIFY) Burial		23b. DATE 4/4/8	23c.		EMETERY OR CREMATORY ul's Cemeter			
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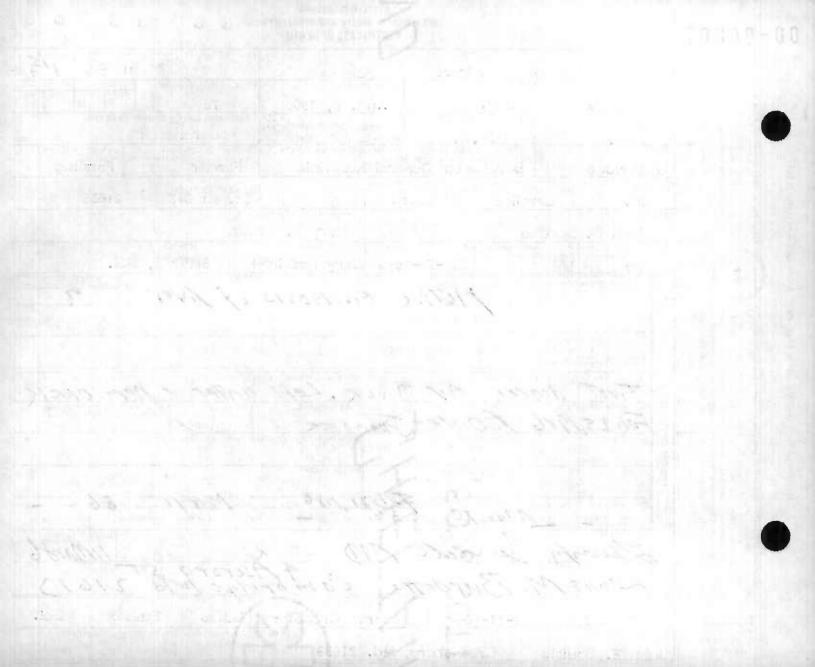
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	I. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH		YEAR 2b. HOUR
oy be soge 3 death	(TYPE OR PRINT)	larence	Albert	Sc	otten		3 11 8	36 17A N
moy bo	3. SEX	4. RACE		S. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTH		
s of	Male	Cau.		Aug	. 8. 1909	76	YRS.	DAYS HOURS MIN.
Poor dir	74. BIRTHPLACE (STATE OR	FOREIGN 76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OF		ATH
and	Md.	U.S	. A.	WIDOWED		Dorche	ester	MC
er d with	10 CITY OR TOWN OF DE		HOSPITAL, NURSI		OTHER INSTITUTION	12a. USUAL OCCUPATIO		KIND OF BUSINESS OR
is of the state of	Cambridge		ester Ger		lospital	Farmer	Fa	arming
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certil art be recorded within 24 hours or offending physician.  When this certificate has been signed by the offending projection and completely filled in by os the burial-transit permit. Then please remove carbon approach 1 and 2 should be file in and Mental Hygiene prior to burial, cremation, or remover.	USUAL RESIDENCE (IF NUR	SING HOME OF OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR		3d. INSIDE CITY LIMITS?	13. STREET ADDRESS		
4ND filled	Md.	Caroline	Goldsbo		YES 🛛 NO	St. Rt 313	216	536
RYL.	14. FATHER'S NAME	MIQQLE	LAST	1:	S. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
A de de de	Levi B.	Scotten			Mary E. Br	own	MIN'S	
ORE,	160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SEC	JRITY NO. 1	7. INFORMANT	ADDRES		
W C	no	(# TEO, ONE WAN ON ON (CO)	218-76-	2096 A	Mary Nazelro	d Smyr	na, Del.	
A Mary 4	18 CAUSE OF DEAT	TH (Enter only one couse po VAS CAUSED BY:	er line for (0), (b), or	nd (c1.)		4 (	BE	APPROXIMATE INTERVAL
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low low spring pring son)	NO 190 DATE OF OPERA	TION 196 CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE I	FINDINGS USED AUSES OF DEATH?
TAL F	= reb 25,1	1986 /11	pove-	Jann	dice	YES NO NO	YES 🗌	NO []
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NDI or		) (this hospital) attended t			19	_, to Mar	19_6	, that (1) (we) last
ATTE Seputor CCTO Afform 21	saw the deceas above, (I) (we) (	did) (did not view the bad	y after death.		that in (my) (aum) apinion o	death occurred on the dat	e and hour and fro	om the couses stated
OR DIRE	22b. SIGNATURE	11		DE	GREE	MEDICAL STAFF		DATE SIGNED
F . V	Lewy	Im / Ser	dett	19		MEDICAL STAFF	AN D	1/1ans6
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55 50 5	230. BURIAL, CREMATION, (SPECIFY)				AETERY OR CREMATORY	238 LOCATION CITY OF TOWN	COUNTY	STATE
BP	Crematio	n 3-11-	86 C	elmarv	a Crematory	Lewes	Sussex	Delt.
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR		ADDRESS		- LUINE 1817	REC'D BY REGISTRAR 2	Sh. REGISTRAR'S SI	GNATURE
(VRA 15, 4)	John E. Bo	ulais Gi	reensboro	, Md.	21639			The state of the s



	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 8 6 C	8 4 6 4
)-03005	REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
y be	HAZE	-2	Seaman	3	27 86 7.24 pm
e 4 mo	Female	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
oth. Pos	Va BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	
s ofter de by the fun de	10 CITY OR TOWN OF DEATH  Cambridge	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Dorchester Ge	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Seamstress	12b. KIND OF BUSINESS OR
AND 21201	MD 136 CO Dor	chester Hurloc	K 13d INSIDE CITY LIMITS?		dge Rd./21643
MARYL ompletely of 62 si	14 FATHER'S NAME Edward	Donovan	Alice	WIDDLE	Wright
BALTIMORE, MARYLAND one be executed within 24 systicion and completely filler opers. Pages 1 and 2 showd wal it, the medical exampler mas	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPER		Retis 2 Seaman Hurlo	, Box 80C ck, MD 21643
es that the death certificated by the attending phyloger emore corbon price, cremation, or remark, or other froumatic even.	Conditions, if ony, which gove rise to immediate couse iot, stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (C)	R, no sclenota =	Cardwasal	
ecords, been significant to be prior to be	PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Apiration	DEATH BUT NOT RELATED TO THE TERM   COPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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DIVISION DING PHY or oftendin After this e os the bu	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
TTEND optol or TOR. 4 for use of Heol	saw the deceased alive	on19 not_view the body ofter death.	, 19, ond that in (my) (our) opinion	death occurred on the date and	
0 11 0 00	DIZMI!	np.		MEDICAL STAFF DIRECTOR PHYSICIAN	3-27-86
TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the Store I MPORTANT: If	4.L. Aylite		Cambridge		
BP	230 BURIAL, CREMATION, REMOV Burial	AL 23b. DATE 23c VID	NAME OF CEMETERY OR CREMATORY  Eastern Shore	23d. LOCATION CITY OR TOWN	county state Dorchester.MD
			New Market, MD A	E REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE

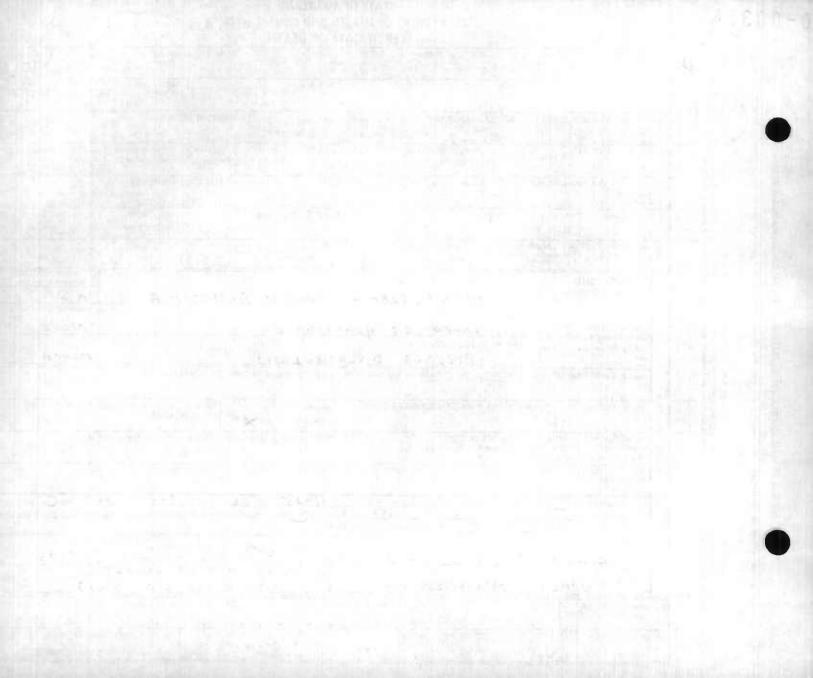
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	1			STATE OF MARYLAND	- 0 7 0	0 5 5
11-11/30	1.	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 0	0 4 0 2
00 0000	4	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be oge 3	(ITP)	Hat	Tie-	Smith	3	8 86 7.30Pm
you de de	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
offe.	J. JL	Trondo	16.00	MONTH DAY YEAR	05	MONTHS DAYS HOURS MIN.
ege on the contract of the con		remne.	Negeo	7 28 00	85 YRS.	
P 55		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
C 2 2 2 2	1/1	RGIN A	USIT	WIDOWED DIVORCED		MD
with the fune	10. C	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the	CA	mBRidge /		bast	SEA FOOD WORKING	INDUSTRY KER
of the sales	USU	AL RESIDENCE (IF YURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO		130 STREET ADDRESS	. 111
2 4 P 2 7	130.	MD, TE	DINDT EAST	YES NO NO	110 TAINST L	ANE 24601
ig in the second	14. F	THER'S NAME	114 128 12/10/10/	15. MOTHER'S MAIDEN N	AME	
d d d	17 1	FIRST	R WILSO	A C A A FIRST A	MIDDLE	A LAST L
	1	10 1410	7-6	N HARRIET	ADDRESS	Poole
dico dico		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS	
7 22 1/		NO	221-10	-9108 8/13abeth Le	ESSITER VA. BEI	act, Uti
1 11 1		IR CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), o	ind icity	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY:	Cardio-Ful	umary Augu	
S		IMMEDIA	TE CAUSE (a)	Carpur V ur.	. / / / / / / / / / / / / / / / / / / /	
the policy of th		AND THE RESERVE	DUE TO, OR AS A CONSEQ	UENCE OF Parillo a	cutto mil	34 Maria / Sec
dec dec otte		Conditions, if any, which	(b)	form a		
the err		cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		
by by off		underlying couse lost.	( (e)			
20 es t		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
sig hen hen ho b	Z	Multi	infact 80	usutia		
OF VITAL RECORDS  G PHYSICIAN. The low requi offending physicion.  Ter this certificate has been sig s the burial-transit permit. There i and Merrial Hygiene prior to the dor tem 18 shows any injur	CERTIFICATION	190. DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
nos b	5	THE DATE OF OTERATION		THE TEN ON THE TEN ON THE	_ IN CERT	IFYING CAUSES OF DEATH?
VITAL R N: The Invasicion. cate has ansit per Hygiene Hygiene	1 2					res NO
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PYSICIAL ding ph ding ph is certific burial-tr Mental I	X	(IF EITHER, NOTIFY MEDICAL EXAMINE	AIR	19		
A A A A A A A A A A A A A A A A A A A	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ond the state of t	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC)		
A Afraga A A A A A A A A A A A A A A A A A A			pital) attended the deceased from		, to	, 19, that (1) (we) last
EN COR		sow the deceased alive o			n death occurred on the date and he	
ATT ATT OF THE OFFICE OF THE OFFICE OF THE OFFICE O		obove, (I) (we) (did) (did n	ot) view the body after death.			
OR ho		27b. SIGNATURE	7	DEGREE	AMERICAL STATE	22c. DATE SIGNED
		6	Caullan	M 2 ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/8/86
HOSPITAL ined by the FUNERAL uid be deto on the State or or the State or or the State or or the State or the	1	224. PHYSICIAN'S NAME (TYPE		220 ADDRESS		
라를 필급 # S		L. Ta	nman			
S e S e s e s e s e s e s e s e s e s e	720	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	130	(SPECIFY)	MARCH ITELL		CITY OR TOWN	COUNTY
BP	_	BURIAL	Musicon II 89 k	COSEVEIT Men. Cem	HESAPEAK	VA
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	1 1/	250 D	ATEREC D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
(VRA 15, 4)	1	10:045 8	SIVE	The anne ( Last of the	11 7 7 1900	

00800-00 STATE OF THE STATE BUTTER PROCESSOR TOWNERS OF ASSET

0-00728	1.	FOR STATE	DI	EPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 6	08466
00.20	1 DF	REGISTRAR CEASED NAME FIRST	MIDDLE		(AST	REG. NO.	NTH DAY YEAR 26. HOUR
oge 3 death		ORPRINT) LAWR	ITULE L	8	mITH	3	11 86 12250
moy er de	J. SE		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HR
ge 4 ector ors oft		M	CAUL	MONT	18 13	72	MONTHS DAYS HOURS MIN
h. Po		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8.	D -MEVER MARRIED	9. BALTIMORE CITY OR C	
de d		M ASS TOWN OF DEATH	US A	WIDOW		1) OPC. IT	ES, TED2 N
by the filed wife		CAMB	(IF NOT IN SUCH FACILITY, OF	VE STREET ADDRESS)	OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
n 24 hou filled in heald be in	13a. S	1/	UNTY 13c CITY		YES NO		HUSTER AVE
# 6 X 4 /	14. FA	THER'S NAME	MRPIE Sm	îith	15. MOTHER'S MAIDEN NAM	WIDDLE	Blythe
o o o	14- \	Louis		AL SECURITY NO.	Nettle 17. INFORMANT	ADDRESS	bryche
Pages of cond			GIVE WAR OR DATES!	07-4565			cem #13
into the receded within 24 hours completely filled in by the completely filled in by the completely filled in by the complete filled in by the complete filled in by the complete filled in the complete fille		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	SED BY:	(b), and (c).	Parlinic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or the orbit centric y the chandrag place and central bands central centric			DUE TO, OR AS A CO	NSEQUENCE OF			began 2/8/8
transfer of		Conditions, if ony, which gove rise to immediate	(b)	ME			(0) 0198
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	NOUM	onia		
gned k n plea burial, y, or e		PART 2. OTHER SIGNIFICAN			NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITI	ON GIVEN IN PART 110
en sig Then or to b	OF N	Sever and		leecleng	hepatri 1		Casis
he low ion. Hos be it permit iene price	CERTIFICATION	190. DATE OF OPERATION	190 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? / 20	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
CLAN: The physicion the physicion the physicion the physicion the physicion that the phys		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
of PHYSECIAN: The low requirementation inhysicion.  The this certificate has been signified the superinconsist permit. Then the and winted layere prior to be directed on them 18 shows pay injury.	MEDICAL	214 INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ADIN P. Afr Person s mon	15	22a.l certify that (I) (this has	pital) attended the deceased	from	, 19,	, to	
E STATE			onnot) view the body ofter death		nd that in (my) (our) opinion d	eath occurred on the date of	and hour and from the causes stated
AL OR A the bo		22b. SIGNATURE			DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	27c. DATE SIGNED
HOSPITAL Guned by the State Outlif be det The State PORTANT.		22d. PHYSICIAN'S NAME (TYPI	OR PRINT)		22e ADDRESS		
O. E. W. E. S. Street	23o E	SURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
BP		burial	3/15/86	Holy	Family Cem.	Rockland	Plymouth Mas
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR THOMAS FUNEF	RAL HOME CA	MBRIDGE		REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE

STATE OF MARYLAND 0-00324 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First Month (Type or print) LIZZIE JONES TODD 12:4 MARCH 06 1986 IF UNDER 24 HRS. S DATE OF BIRTH 6. AGE (In years A RACE IF UNDER 1 YEAR 3. SEX lost birthdoy) HOURS FEMALE WHITE July 21,1895 90 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED (OUNTRY)
MARYLAND WIDOWED T DIVORCED T U.S.A. DORCHESTER 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
HOUSEWIFE give street oddress) 703 ACADEMY STREET INDUSTRY BAITIMORE, MARYLAND 21201 CAMBRIDGE HOMEMAKER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER MARYLAND DORCHESTER YES 🔽 CAMBRIDGE 703 ACADEMY STREET 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle FRANK ANNIE INSLEY JONES JONES 16b. SDCIAL SECURITY NO. 17. INFORMANT daughter Viennes Md. 21869 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) 214-20-086 Mrs. Isabell Phillips, Rt. 1, Box 86 C APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HYPOXIC, TERMINAL CARDIAC ARRHYTHMIA MIN DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) ACUTE (h) LOWER GI HEMGRRHAGE rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse MONTH (1) BLEEDING DIVERTICULOSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 2Db. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗙 YES 🔲 21a. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING ( CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 220. I certify that (ID (this haspital) attended the deceased from 11-25, 1966, to 3-6, 1986, that (ID (we) lost sow the deceased alive on 2-19 1986, and that in (my) (our) apinion death occurred on the date and hour and from the couses stoted phove (D) (we) (did (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR -C.D. DEGREE PHYS. 22e ADDRESS HOW AURORA STREET MAME (Type) JAMES F. M=CARTER, MD. shauld be of Health CAMBRIDGE, MD: 21613 23c. NAME OF CEMETERY OR CREMATDRY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) 03-08-86 DORCHESTER MEM.PK.CEM.CAMBRIDGE DORCHESTER MD. 2 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR CURRAN FUNERAL HOME DHMH - 16 3/72 25M 308 HIGH ST., CAMBRIDGE, MD., 21613 (VR A15 (4))



PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in my (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY Hillcrest MD Federalsburg Caroline (SPECIFY) Burial 3-22-86 2163 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

REG. NO

ADDRESS

MONTH

7h HOUR 50

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

IF UNDER I YEAR

INDUSTRY

Griffith

DHMH - 16 60M 7/84 (VRA 15, 4)

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		FOR		DED 4 DE		OF MARYLAND	OIPNIP SA	0 0	60
192	1 -	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO	004	0 3
offer death	I. DE	CEASED NAME FIRST		MIDDLE	t	AST .	20. DATE OF DEATH A	AONTH DAY YEAR	26 HOUR
	(TYPE	OR PRINT) Mila	Ired	m.		Wells		3 26 86	4 A
	3. SEX	X	4. RACE	Name of	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
		t t	Car		Dec	1, 1905	80	YRS.	
100		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR		
	10.0	deralsburg, Md.	U.S.		WIDOWE	DR OTHER INSTITUTION	Dorchester		BUSINESS OF
3	C	ambridge	Dorches	cheacility, give street	ADDRESS)		(TYPE OF WORK FOR MOST OF	working Life) INDUSTRY Button Factor	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13h, COU!	other institution VIY <b>Chester</b>	13c. CITY OR TOW Federal:	'N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Reliance	21632	,
1		ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	IASI	
M	y	Lacy Wright	Nicho		1.00	Laura Cor	nolly		
1	160. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDRES	S Del. 19973	
		No		213-03-9	7782	Hubert G. We	ells, Rt. 3,	Box 214, Sea	aford,
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse pe	r line for (a), (b), an	d (c).)	P		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
			TE CAUSE (a)			/ new	onelis		
É			DUE TO, C	R AS A CONSEQUE	NCE OF				
		Conditions, if any, which	( (b)						
		gave rise to immediate cause (a), stating the	3	D 46 4 60 16 60 1					
		underlying couse last.	DOE TO, C	R AS A CONSEQUE	INCE OF				
			(c)_						
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	(1)		ITION GIVEN IN PART 10	
	음		, 0	Manie		. Lyndron	1		-
	S S	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
	CERTIFICATION						YES NO	YES 🗌	NO 🗆
3		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
7	SAL	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	CITY OR TOW	n COUNTY	STATE
	\$	WHILE NOT WHILE AT WORK	( AT HOME, SI	REET, FACTORY, OFFICE, F	ARM ETC )	SIRECI	CITORIOW	COUNT	STATE
		22a.1 certify that (I) (this hasp	ital) attended t	ne deceased from _		, 19	, to	, 19, th	hat (I) (we) las
		saw the deceased alive an		19	, or	d that in (my) (our) opinion	7.10		
		above, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body	after death.		DEGREE		22c. DATE S	
		THE SIGNATURE					MEDICAL STAFF		IGNED
1		20		Musu			MEDICAL STAFF	AN 🗌	
/		224. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS			
4	220 5	SURIAL, CREMATION, REMOVAL	23b. DATE	22.	LAME OF C	EMETERY OR CREMATORY	123d LOCATION		
		SPECIFY) Burial				st Cemetery	CITY OR TOWN	rg, Caroline	STATE
	-		Taren.				rederalabu	rg, Caroline	, Md.
	24 FL	JNERAL DIRECTOR		ADDRESS	edera	Lsburg, Mil DA	TE REC'D. BY REGISTRAR 2	B. REGISTRAR'S SIGNATU	RE
	TN	anutin Hawkins	Funeral	Home, 21	6 N. 1	Main St. App.	1 - 1985 944	in Lavidon Rand	*

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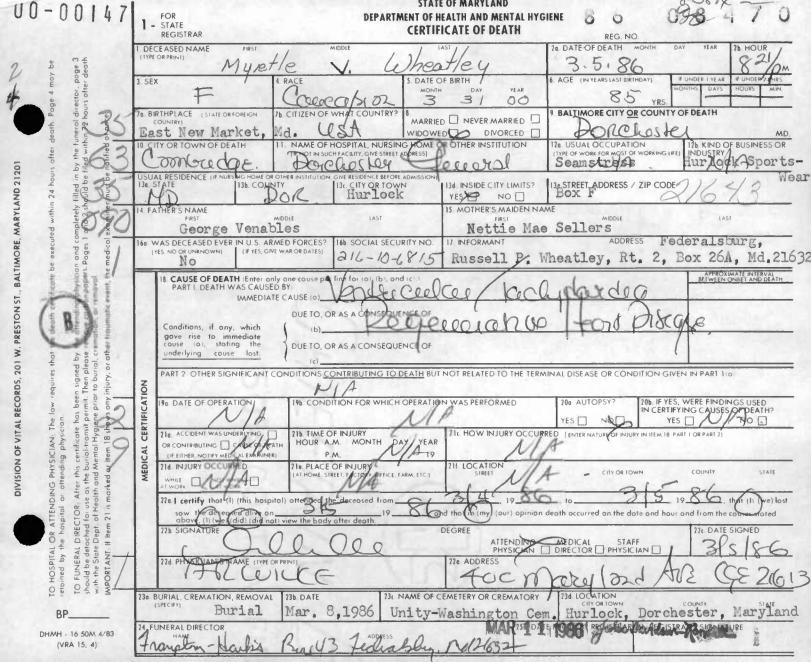
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0-01235	1-	STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HY CATE OF DEATH	REG.	NO.	0	
	I. DE	CEASED NAME FIRST	MID	DLE	LA	ST A C P	20. DATE OF DEATH		AY YEAR 26	. HOUR
be age 3 death	(TYPE	ORPRINT) MY	tle Blo	ondell	6	Villey	MARCH	18,1	19865	20 pm
mo)	3. SE:	(	4 RACE		5. DATE OF	BIRTH	6. AGE (IN YEARS LAST			UNDER 24 HRS
ge 4 ector, irs oft		female	white		Oct	2,1904	81	YRS.		IOURS MIN.
8 BB	7a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	HAT COUNTRY?	8 MARDIED	□ NEVER MARRIED □	9 BALTIMORE CITY			
Gooth Zann Zann Zann Zann Zann Zann Zann Zan		Md.	U.S.		WIDOWED	DIVORCED [	Dor	cheste		MD.
S offer S offe		TY OR TOWN OF DEATH Cambridge	Dorches	SPITAL, NURSIN ACILITY, GIVE STREET A STEET GE	n. Ho	spital	170. USUAL OCCUP.	TOF WORKING LIFE	126 KIND OF B	USINESS OR
din hour	USU. 130. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO		VE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S		
2 100			or.	Cambri	dge	YEXX NO [	311 G1		Ave.	21613
# # 10 / E /	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST	
b dmg		Samuel		ohnson	19-1	Susie			Moore	
xecund co	I 6a. V	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES	6b. SOCIAL SECU		17. INFORMANT			Box 98	
S. Po		No	2	17-44-	1797	Norma Lee	Bramble	Hurl	ock Md.	
a de la companya de l	1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per lin	ie far (a), (b), and	d (cl.)					TE INTERVAL SET AND DEATH
5 / 10 1001	13		IATE CAUSE (a)	J'APSI	1				3 d	ayı
S 30 000 000			DUE TO, OR A	AS A CONSEQUE	NCE OF	0,	- , .		1	THE USE
Part of the state		Conditions, if any, which gave rise to immediate	(b)	Poly-	noldi	i Klen	materia		1/9	1.
W. H		couse (a), stating the underlying cause last.	DUE TO, OR A	AS A CONSEQUE	NCE OF					
R d plant		PART 2. OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO [	DEATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIVE	EN IN PART 110	
The sale	NO	Pulas	-any Dis	eare,	Atz	4 4	Cardinasion		-	
i lile	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		, WERE FINDING!	
26 264 67	E						YES NO		_	NO [
2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Ü	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		INJURY MONTH DA	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IT	NJURY IN ITEM 18 PA	RT 1 OR PART 2)	
5 20 19 17	₹ S	(IF EITHER, NOTIFY MEDICAL EXAM	DEATH		19					
Months of the conding	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY	A DAM STC 1	211. LOCATION	CITY OF	RTOWN	COUNTY	STATE
N OF THE PER	2	AT WORK NOT WHILE AT WORK	(AT NOME, STREET	, FACTORT, OFFICE, FA	ARM, ETC ;					
A STATE OF S		220.1 certify that (1) (this ha	spital) attended the d	deceased fram_			, to		19, tha	at (I) (we) lost
P P P P P P P P P P P P P P P P P P P		saw the inchesed alive obove. (I) (we))(did) (did	onnot! view the body of	ter death.	and	I that in (my) (aur) apinio	n death occurred on the	date and hour	and from the cou	uses stated
Mary Mary Mary Mary Mary Mary Mary Mary		124 SIGNATIONE	111.1	1	D	EGREE		1 ( )	22c DATE SIC	SNED
AL DAL D		Home	MA		N	70 ATTENDINGLE PHYSICIAN	MEDICAL S'	SICIAN [	5/18	106
HOSPIT BINNES by PORTAN		22d PHYSICIAN'S NAME (TY	-d Ay	1, ffe		400 8	YRON St	- Con	प्रहरूगा। जनसम्बद्धाः	EEMS
55 5213	23o E	BURIAL, CREMATION, REMOV	AL 236. DATE	23c N	NAME OF CE	METERY OR CREMATORY	23d. LOCATION		COUNTY	
BP		burial	3/21/8	6 G:	reenl	awn Cem.	Cambrid		or. N	id.
DHMH - 16 50M 4/B2		JNERAL DIRECTOR				25a. DA	ATE REC'D. BY REGISTR.			
(VRA 15, 4)	1	CHOMAS FUNER	AL HOME	CAMBR	IDGE	MD. MAD	1.4000 /	A Trick	- Borglain	6 :

0-02206	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 8 4 7 2  CERTIFICATE OF DEATH  REGISTRAR  REGISTRAR  REGISTRAR					
oy be deoth	1 DECEASED NAME FIRST MIDDLE LAST WONGE PRINT CHARLES R. WONGUS MARCH 7, 1986 6 PM					
ge 4 mo) ector, po rs offer d	3 SEX Male	4 RACE Black	5 DATE OF BIRTH MONTH DAY March 19, 1921	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
Mercel du 72 hou	De BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Rhodesdale, Md.	76 CITIZEN OF WHAT COUNTRY	* MARRIED A NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR COUNTY OF DEATH  Dorchester MD.		
Softer d	Cambridge	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Dorchester Gen	NG HOME OR OTHER INSTITUTION TADDRESS HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOOD Process	NING LIFE 126. KIND OF BUSINESS OR INDUSTRY  Bayshore Co.	
MARYLAND 2120 ed within 24 hours mpletely filled in by one 2 should be file		ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY 134 CITY OR TOVER THE CONTROL OF THE CONTROL	WN 136 INSIDE CITY LIMITS?	Rt. 1, Box 6	1 вв 21643	
makerely mplerely	Willie F. Wongus  15. MOTHER'S MAIDEN NAME  FIRST MIDDLE LAST  Sabella Bowens				LAST	
BALTIMORE, I	160 WAS DECEASED EVER IN U.S		URITY NO. 17 INFORMANT	ADDRESS ]	Maryland 21643 Box 61BB, Hurlock,	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN. The low requires that the death critic of the other office of the other office of the buriol-transit permit. Then please remove carbonith and Mental Hygiene prior to burial, cremation, or removed of them?	gave rise to immediate couse ioi, stating the underlying couse los					
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO	
	OR CONTRIBUTING CAUSE (	DE DEATH HOUR A.M. MONTH [ P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
DIVISION C DING PHYSIC or ottending After this cer e os the burio of the ond Meni morked Onle	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	CITY OR TOWN	COUNTY STATE	
DR ATTENDIR hospital or IRECTOR: A ched for use ept. of Heoli them 21 is mo		nospital) attended the deceased from the analysis of the body after death.	BC, and that in my (our) opinion	death accurred on the date or	19 Sc , that (I) (we) lost and hour and from the causes stated	
PITAL O by the ERAL D Store D ANT: #	22d. PHYEICIAN'S NAME (	Holden PE OR PRINT)	ATTENDING PHYSICIAN	AMEDICAL STAFF DIRECTOR   PHYSICIAN		
TO HOS reformed with the MADRIAL MANUAL MANU	230 BURIAL, CREMATION, REMO (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Petersburg Cemeter:	238 LOCATION	COUNTY STATE Dorchester Md.	
DHMH - 16 60M 1/75 (VR A 15 (4))	24 FUNERAL DIRECTOR		Federalsburg	TE REC'D. BY REGISTRAP 25b. R	ECISTRAR'S SID LATURIDO	

The process of the pr